-		Application or Docket Number											
	RD			107	1,8	410-	7						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	ITITY	OR	OTHER SMALL	
TOTAL CLAIMS			7						RATE FEE		1	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC F	EE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			7 minus 20=		*		ľ	X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 = *		*	*		X43=			OR	X86=	
MU	LTIPLE DEPEN	NDENT CLAIM PI	RESENT				f	+145=		_	OR	+290=	-
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	L	TOTA			OR		
CLAIMS AS AMENDED - PART II								. •	_		] •	OTHER	THAN
	-	(Column 1)		(Colum	nn 2)	(Column 3)	_	SMAL	L E	NTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	*	Minus	**		=	Ĭ	X\$ 9=	:		OR	X\$18=	
ME	Independent	*	Minus	***		=	ľ	X43=	1		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		t	+145=	7			+290=	
T(											OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FE	EL		OR	ADDIT. FEE	
		(Column 1) CLAIMS		HIGH	EST		Г		Т	ADDI-			ADDI-
MENT B	:	REMAINING AFTER AMENDMENT		PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=	Ī	X\$ 9=			OR	X\$18=	1
S	Ind pendent	*	Minus	***		=		X43=	T		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM	<u> </u>	T	+145=	1			+290=	
		L	=041 + ATOTA			OR	+290= TOTAL						
		- ·	ΑI	DDIT. FE			OR ,	ADDIT. FEE					
<del></del>	·	(Column 1)		(Colum		(Column 3)	_						
ENTC		REMAINING AFTER AMENDMENT	·	NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
DW	Total		Minus	**		= .		X\$ 9=	十		OR	X\$18=	1 6-6-
AMENDMENT	Independent	*	Minus	***		=	$\vdash$	X43=	$\dagger$			X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=	╬		OR	<b>∧00=</b>	
+145=											OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL ADDIT. FEE	
		mber Previously Paid					foun	d in the a	appr	opriate box	in coli	umn 1.	